

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-11-2001 90040 024 ***150.00

DOCUMENT # F99000006350

1. Entity Name

SARATOGA TELECOM CORP.

Principal Place of Business

2500 E. HALLANDALE BEACH BLVD., STE. 210
HALLANDALE BEACH FL 33009

Mailing Address

8756 122ND AVE NE
KIRKLAND WA 98034

(See below)

2. Principal Place of Business

1227 S. Patrick Dr.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

City & State

Satellite Beach

City & State

Zip

32937

Country

Brevard

Zip

Country

4. FEI Number

92-1983272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Gene Retske

Street Address (P.O. Box Number is Not Acceptable)

2500 E Hallandale Beach Blvd Ste 210

1227 S. Patrick Dr., Suite 301

City

Hallandale, Satellite Beach FL 33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of the principal officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-4-2001

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	CHARLES, PATRICK F	
STREET ADDRESS	8756 - 122ND AVENUE NE	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICKEN, TERRENCE K	
STREET ADDRESS	8756 - 122ND AVENUE NE	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORSEY, THOMAS	
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., STE. 210	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORSEY, TOM	
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., STE. 210	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	VST	<input type="checkbox"/> Delete
NAME	PICKEN, TERRY	
STREET ADDRESS	8756 - 122ND AVENUE NE	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Exec. V.P. 4/30/01 954-455-3
7724

CR2034 (10/00)